

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34297

State File No.

FILED NOV 10 1952

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5130</u>		Registrar's No. <u>1139</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeKalb</u>		0119	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rural Rush Twsp.</u>				d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ROBERT</u>		b. (Middle) <u>CALVIN</u>		c. (Last) <u>STRONG</u>	
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>3</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-11-1925</u>	
9. AGE (In years last birthday) <u>27</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L.F.M.Co.</u>		11. BIRTHPLACE (State or foreign country) <u>DeKalb, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edwin Strong</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Margarite Strong</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. # 11</u>		16. SOCIAL SECURITY NO. <u>495-26-3189</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charles Fridell, DeKalb, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured second and third Cervical Vertebral Fracture 1 day of left leg 8 inches above the hip. Cuts and bruises about the head and body.</u> DUE TO (b) <u>Man was fatally injured while on Highway #59, two miles north of Rushville, Mo., when struck by an automobile.</u> DUE TO (c) <u>Man was fatally injured while on Highway #59, two miles north of Rushville, Mo., when struck by an automobile.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between onset and death <u>E 8124-23</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>of Rushville, Mo., when struck by an automobile.</u>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway 59</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>Rush Buchanan, Mo</u>		(STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 3-1952 4:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck on State Highway #59 by an automobile</u>			
22. I hereby certify that I attended the deceased from <u>On 11/3</u> , 19 <u>52</u> , to <u>11/3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11/3</u> , 19 <u>52</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H F Mundy M.D. (Coroner)</u>				23b. ADDRESS <u>3 St Joseph Mo</u>		23c. DATE SIGNED <u>11/3/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-6-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>DeKalb, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 5, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cawley</u>		FURNAL DIRECTOR'S SIGNATURE <u>Paul D. Cawley</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 5 1952

DEC 01 1952

FEB 3 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.